



**CROWN NEWLAITHES
FOOTBALL CLUB
FOUNDED 1994**



NEWLAITHES F.C.

Community Club
of the year 2007

EMERGENCY INFORMATION FORM

Players Name	
Date of Birth	
Parent/Guardian Name	
Address	
Home/Mobile Tel no	
1. Emergency Contact Name & Tel no	
2. Emergency Contact Name & Tel no	
Doctors Name & Tel no	
<u>MEDICAL INFORMATION</u>	
Do you take any regular medication? If yes, please state.	Yes/No
Are you aware of any allergies? If so, what?	
Do you suffer from: 1. Asthma 2. Diabetes 3. Epilepsy 4. Others – Please list opposite	Yes/No Yes/No Yes/No
Do you wear contact lenses	Yes/No
Any other relevant information	
Parent/Guardian signature:	
Date:	

Please give this to your child's team manager/coach for their information